

Quality Improvement: The Why, What and How

Teresa DuChateau, DNP, RN, CPNP
School Nurse Resource Coordinator
Wisconsin Public Health Association
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Disclosures

The speaker has no disclosures or conflicts of interest

Learning Objectives

- ▶ After completing this activity, the learner will be able to:
 - Describe the purpose of continuous quality improvement activities in the school setting
 - Describe tools for continuous quality improvement such as the “Plan, Do, Check, Act” Cycle
 - Recall examples of continuous quality improvement processes used in the school setting
 - Identify ways to incorporate continuous quality improvement activities into his/her nursing practice, specifically related to children with epilepsy, seizures and other chronic conditions



But this is the way we have always done it!

WHAT IS QUALITY IMPROVEMENT?



Quality Improvement

- ▶ The Quality and Safety Education for Nurses defines quality improvement as:
 - [Using] data to monitor the outcomes of care processes and [using] improvement methods to design and test changes to continuously improve the quality and safety of health care systems
- (Cronenwett et al., 2007)

Quality Improvement

“Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups”

- (United States Health and Human Services, 2011)



Why do Quality Improvement?



Why do Quality Improvement?

- ▶ Improves safety for students and staff
- ▶ Improves efficiency
- ▶ Identifies ways to work smarter and do jobs more easily
 - (Davis, 2014)
- ▶ It is a standard of nursing care
 - Standard 10. Quality of Practice
 - The school nurse participates in quality improvement activities
 - (ANA & NASN, 2011)





IOM 6 Aims for Improvement

- ▶ **Safe**~ Avoid injury
 - ▶ **Effective**~ Provide evidence-based care
 - ▶ **Patient Centered**~ Responsive to patient needs
 - ▶ **Timely**~ Reducing wait times
 - ▶ **Efficient**~ Avoiding waste
 - ▶ **Equitable**~ Providing care that does not vary in quality
- 

QI: How to be Successful



WHO MEASURED THE DOOR?

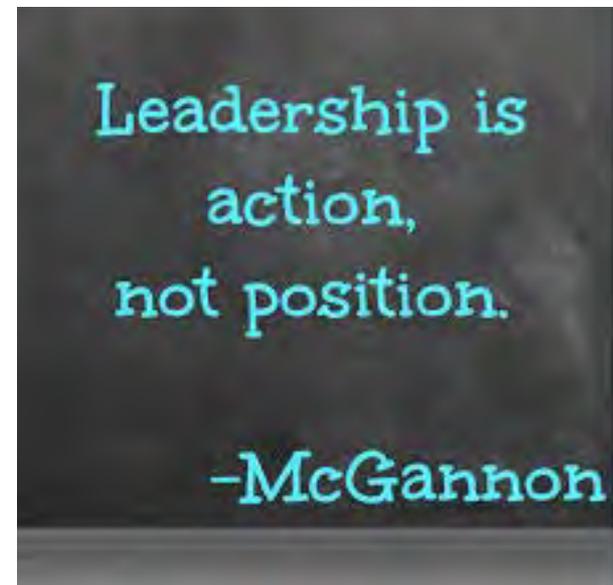
Making QI Successful

- ▶ Leadership and staff commitment
- ▶ [Schools] that value innovation and align quality improvement practices with their strategic goals and mission
- ▶ Strong experience in performance management, quality improvement, and evidence-based decision-making
 - (Davis, 2014)

Leadership and Staff Commitment

Leadership

- ▶ The commitment of the agency administrator and leadership to quality improvement was the key feature of agencies conducting formal quality improvement and creating a quality improvement culture
 - (Davis, 2014)



Effective Leaders

- ▶ Articulate a vision
- ▶ Mobilize people
- ▶ Empower others
- ▶ Work as a team
 - (Hoyle, 2008)



Leaders AND Teams

- ▶ Strategies for Success:
 - Involving more staff in quality improvement efforts
 - Providing training to spread quality improvement competence
 - (Davis, 2014)

- ▶ ***“At its core, QI is a team process.”***
 - (United States Health and Human Services, 2011)



A Successful Team

Team Member Selection Characteristics



	Potential			
3. Engages in multi-dimensional thinking that embraces diverse perspective of organizational leaders, customers, politicians, labor unions, middle management, etc.				
4. Understands the consequences of failing to solve the problem				
Effective team player				
5. Fits in and flows with the team dynamics				
6. Committed to the team and the problem at hand				
7. Treats others respectfully and supportively				
8. Shows commitment to the team and the problem to be solved				
Reliability				
9. Documents discussions and team meetings in order to monitor and reflect on progress				
10. Completes team assignments on time and to a high standard				
Effective communication				
11. Listens actively				
12. Ensures that communication is clear and accurate				
13. Shares openly, willingly, and constructively				
14. Is more invested in listening and understanding than telling and controlling				
Flexibility				
15. Demonstrates acceptance of alternate points of view and approaches				

Communicating with the Team

- ▶ Keep school administrators and teachers aware of services and activities increases their endorsement of the program
 - If possible, involve teachers in the program activities
- ▶ Maintain visibility and follow through on requests

- (Klostermann, 2000)



Cultivating the Spirit

“Cultivate a spirit of QI within the organization that encourages continuous improvement of services and programs”

- (United States Health and Human Services, 2011)



Cultivating Spirit: Immunization Compliance

2009-10			Feb
Alliance (8) 9-12			100
Sherman (16) K4-8			100
Milwaukee Academy Science K-12th (20)			90
Siefert (16) K4-5			100
Kings Academy (16) K-8			100
South Division HS			76
Fritsche (20) 6-8	Bay		84
Genesis			71
AAI			69
Rufus King		88	

Innovation and Quality Improvement in Strategic Goals and Mission

Goals and Mission

- ▶ [Schools] that value innovation and **align quality improvement practices with their strategic goals and mission** are more successful at implementing and sustaining quality improvement activities



Mission Statement

The Kaukauna Area School District, in partnership with our community, will provide a safe, vibrant, and relevant curriculum through best instructional practices which emphasize student achievement and accountability in a learning environment.

Kaukauna Area School District staff will:

- Use assessment to drive curricular and instructional practices.

HEALTH/SAFETY

Protecting our resources, staff, students, parents, and visitors.

- Decrease the employee accident by a rate of 5% from 10.32 per 100 employees in 2012-13 to 9.80 per 100 employees in 2013-14.
- Decrease the student accident rate by 5% from 3.82 per 100 students in 2012-13 to 3.63 per 100 students in 2013-14.

**TARGET: 9.80 per 100 employees.
3.63 per 100 students.**

5 Guiding Principles

Focused on continuous improvement

The driving force behind the theory of change for the district is the School Improvement Plan (SIP).



BOARD OF EDUCATION GOALS 2013-14

*Mission: To serve our community by educating our children.
Vision: Educational Excellence: Building our future.*

	SERVICE	QUALITY	PEOPLE	FINANCE
Vision	<i>Efficient, effective, and friendly interactions with our district employees, staff, students, parents, and visitors.</i>	<i>Excellent student achievement.</i>	<i>Excellent work environment for staff.</i>	<i>Equitable allocation and optimal utilization of our facilities, systems, and funding (expense).</i>
Goals	<ul style="list-style-type: none"> Raise the overall parent satisfaction score from the current mean rate of 4.46 (Feb 2013) to 4.56 (Feb 2014) Continue to score 4.50 or above on the Support Card Survey <p>TARGET: 4.56 Parent Satisfaction 4.50 Support Card</p> <p>RESULT:</p>	<p>Raise the overall accountability score and rating of the District Report Card to significantly exceeds expectations (5 year goal)</p> <p>TARGET: 12-13 74.8 13-14 76 - 1.2% 14-15 78 - 2% 15-16 80 - 2% 16-17 83 - significantly exceeds 3%</p> <p>RESULT:</p> <p>*Based on the State's Overall Accountability Score and Rating</p>	<ul style="list-style-type: none"> Raise the overall staff satisfaction score from the current mean rate of 3.95 (May 2013) to 4.15 (May 2014) <p>TARGET: 4.15</p> <p>RESULT:</p>	<ul style="list-style-type: none"> Meet the fiscal 14 balanced budget without using fund balance. Develop a plan meet the fiscal 2014-15 balanced budget without using fund balance <p>TARGET: Balanced budget with projected savings beyond 0</p> <p>RESULT:</p>

Demonstrating *accountability* through documenting and analyzing all that we do.

MISSION

The Merrill Area Public School District, in partnership with our community and families, is committed to providing the best education for every student in a safe environment.

The educational vision of the School District of New Holstein is for all students to learn and develop the knowledge necessary to become contributing global citizens in an ever-changing world through:

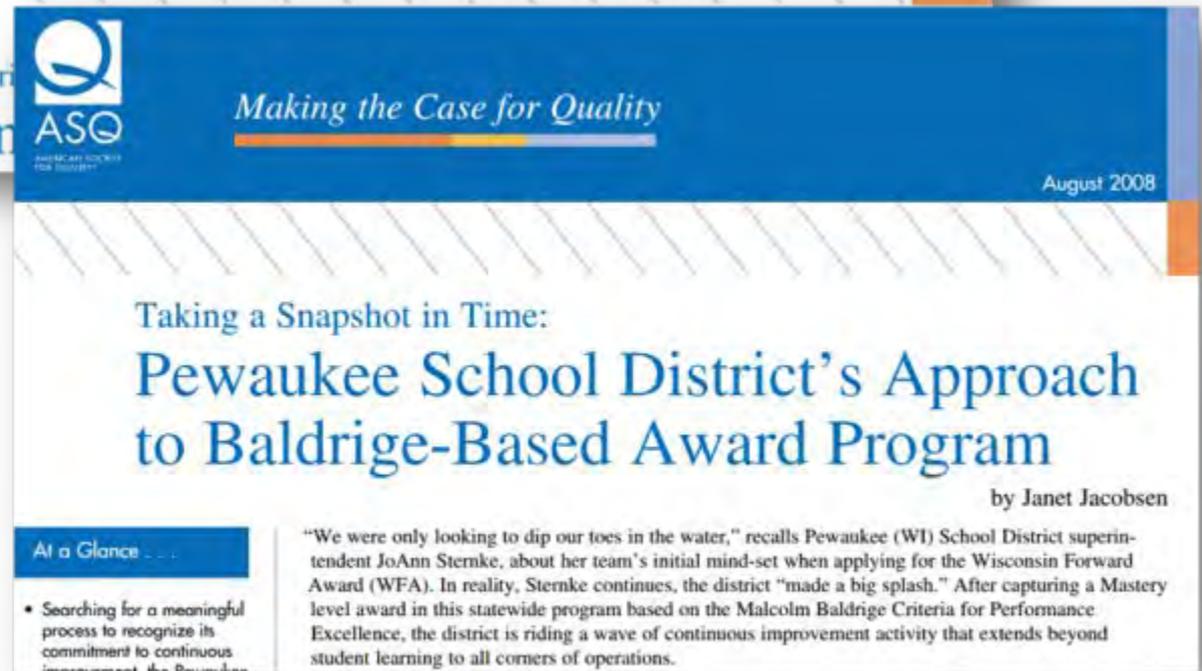
- Academically challenging curriculum
- Research based and data driven instructional practices
- Student input and ownership
- Real world applications
- Reflection and evaluation for continuous improvement
- Continuous, responsible use of all resources and evolving technology
- Community involvement
- Expectation of appropriate behaviors that lead to successful, productive citizens



Making QI Successful

- ▶ [Schools] that are held accountable for the quality of their services, programs, and outcomes
- ▶ [Schools] that have core infrastructure and resources
 - Davis, 2014

QI Experience



Keys to Success

Another key to QI success are **policies and procedures to organize and facilitate the work of the team**

- (United States Health and Human Services, 2011)

WISHeS Project Resources

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The project has developed the following resources based on the [2012 WISHeS: School Health Services Assessment Tool](#) results. These resources are currently in draft form and being piloted in fifteen school districts in Wisconsin. They are available as is for other school districts to use with the understanding that they are first drafts and have not yet been field tested. Any user feedback is encouraged. Final versions of all the resources will be available upon completion of this project at the end of 2015.

Emergency Nursing Services Sample Policies and Procedures

The sample emergency nursing services policies and procedures (administrative rules) include the following:

- Injury and illness management
- Training for non-health care staff providing nursing services
- Administration of first aid and illness and injury management
- Competency verification and documentation of non-health care staff providing nursing services

District Hired School Nurse Policy and Procedure

Consult School Nurse Policy and Procedure

Concussion Management Sample Policy and Procedure

The sample policy and procedure for concussion management includes the following:

- Role of the nurse in concussion management
- Assessment and evaluation of possible concussion
- Removal of student with concussion or head injury from athletic activity participation
- Possible classroom accommodations for students with concussions
- Return to learn and return to play guidelines

Concussion Policy and Procedure

Don't Forget About the Data





Data is the Cornerstone of QI

- ▶ Data:
 - Separates what is thought to be happening from what is really happening
 - Establishes a baseline
 - Indicates whether changes lead to improvements
 - Allows monitoring of procedural changes to ensure that improvements are sustained
 - Allows comparisons of performance across schools
 - (United States Health and Human Services, 2011)
- 



*“Data is a lot like
garbage.*

*You have to know what
you are going to do
with the stuff **BEFORE**
you start collecting it.”*

Mark Twain

Know Your Audience

Collecting Data

Aurora Referrals		Outcomes	#s
PNCC		# of students seen	
Aurora ER		# back to class	
Aurora Sinai Midwifery		# of students sent home	
Family Care Sinai		School enrollment	
St Lukes Fam Practice		Immunization non compliance	
Walker Pt		Report data	
Aurora Urgent Care		School	
Aurora Family Service		Staff	
Family Care Intern		Month	

36	Sports Physical				
37	Stomachache	X-rays			
38	Student Concern				
39	Tooth/Orthodontia				
40	Upper respiratory symptoms	Stat strep testing			
41	UTI				
42	Vertigo/Dizziness				
43	Virgin Care/Glassure/abnormal	Strep culture			
44	Virgin Failure Follow-up				
45	Virgin Screening Failure				
46	Virgin Screening Pass	Blood misc			
47	Vital Signs				
48	Vomiting				
49	Wound care	Misc culture			
50					

TOOLS FOR QUALITY IMPROVEMENT

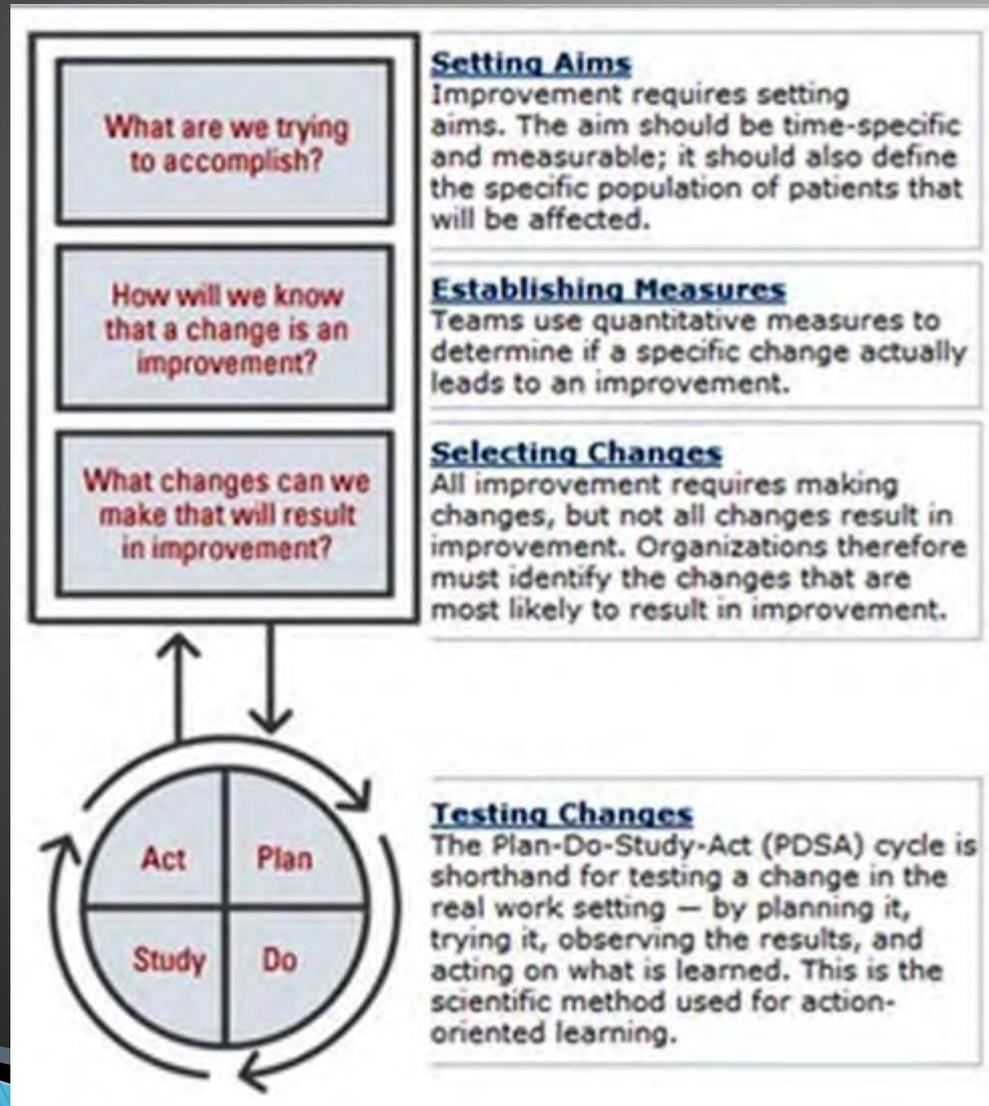


QI Tools

- ▶ Plan
- ▶ Do
- ▶ Study
- ▶ Act
- ▶ Should be used again and again for continuous improvement
 - (Tews, 2012, American Society for Quality, 2004)



Model for Improvement



(National Institute for Children's Health Quality, 2014)

QI Model

FOCUS-PDSA:

- ▶ **F**ind a process
- ▶ **O**rganize an effort to work on improvement
- ▶ **C**larify current knowledge
- ▶ **U**nderstand
- ▶ **S**elect changes

- ▶ **P**lan the change
- ▶ **D**o it
- ▶ **S**tudy (analyze) the new data
- ▶ **A**ct; take action to sustain the gains
 - (Conner, 2014)



Plan



Choosing Where to Begin

- ▶ Begin with something doable
- ▶ Choose something you have influence over
- ▶ Share your results with leaders
- ▶ Document your work
- ▶ As you continue with QI projects, choose projects with increased complexity and scope

- (Tews, 2012)

- What are the priority issues?
- What data proves the issues?
- What interventions impact the issues?
- What resources are needed?
- How do you make the interventions sustainable?
- Do you engage parents, community, business leaders?

(Rooney, 2012)

Choosing Where to Begin

- ▶ Increase buy-in by meeting basic health needs first and then luxury items
 - For example, focus on treatment of minor illnesses that kept students out of the classroom than a campaign to eliminate vending machines from schools
 - (Klostermann, et. Al, 2000)

Choosing Where to Begin

- ▶ The nursing team needed to learn the school culture to be successful
 - Examples include determining the best time for programs relative to the school's schedule and establishing good relationships with key players (e.g., secretaries, key teachers)
- (Klostermann, et. Al, 2000)

Concussion Signs and Symptoms Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) _____

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.) _____

- ▶ *"I don't use a response about"*
- ▶ *"I don't respond about"*

if to
hing

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

Do



Providing Education

- ▶ Provide teachers with concussion education during formal in-service

Concussion in the Classroom

- Fatigue - tires easily in class and over the course of the day
- Headache and other symptoms worsen with reading or concentration
- Trouble doing more than one thing at a time (e.g., listening to the teacher and taking notes)
- Frequent visits to the nurse's office

Concussion Fact Sheets



**Heads Up to Schools:
KNOW YOUR
CONCUSSION
ABCs**

Know the situation. Be alert for signs and symptoms. Contact a health care professional.

Returning to School After a Concussion: A Fact Sheet for School Professionals

What role do I play in helping a student return to school after a concussion?

Each year hundreds of thousands of K-12 students sustain a concussion as a result of a fall, motor-vehicle crash, collision on the playground or sports field, or other activity. Most will recover quickly and fully. However, school professionals, like you, will often be challenged with helping return a student to school who may still be experiencing concussion symptoms—symptoms that can result in learning problems and poor academic performance.

Knowledge of a concussion's potential effects on a student, and appropriate management of the return-to-school process, is critical for helping students recover from a concussion.

That's where you come in. This fact sheet provides steps that school professionals can take to help facilitate a student's return to school and recovery after a concussion. It emphasizes the importance of a collaborative approach by a team that includes not only school professionals, but also the student's family and the health care professional(s) managing the medical aspects of the student's recovery.

What is a Concussion?

A concussion is a type of traumatic brain injury (TBI) that results from a bump, blow, or jolt to the head (or to the body) that causes the brain and brain tissue to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

While some research shows that the young brain can be resilient, it may also be more susceptible to the chemical changes that occur in the brain after a concussion. These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional, and sleep functions.

Concussions affect people differently, but students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Changes You Can Make Based on Type of Concussion Symptoms

THINKING/REMEMBERING (such as having difficulty thinking clearly or concentrating, feeling slowed down)	FATIGUE/SLEEP AND PHYSICAL (such as feeling tired, having no energy, having headaches or dizziness)	EMOTIONAL (such as feeling sad, irritable, anxious)
<ul style="list-style-type: none"> Reduce class assignments and homework to key tasks only and raise grades on adjusted work. Provide extra time to work on class assignments. Provide written instructions and help for homework and classwork. Allow extra time to take tests, limit tests to one per day, and/or provide study guides. Allow your students to show they understand a concept orally instead of in writing. Provide class notes and/or allow students to use a computer or tape recorder to record classroom information. 	<ul style="list-style-type: none"> Allow time to visit the school nurse for treatment of headaches or other symptoms. Provide rest breaks. Give your students extra time to go from class to class, to avoid crowds. If bothered by light, allow your students to wear sunglasses or sit in a place that is less bright (e.g., draw blinds, sit away from windows). If bothered by noise, provide a quiet place for your students to study, take a test, or spend lunch or recess. Do not substitute concentration activities for physical activity (e.g., do not assign reading instead of PE). 	<ul style="list-style-type: none"> Develop an emotional support plan for your students (e.g., identify an adult to whom they can talk if feeling overwhelmed). Locate a quiet place for your students to go to if they feel overwhelmed. And provide information on how they can safely get to this quiet location. Students may benefit from continued involvement in certain extracurricular activities during their recovery. Identify student and family preferences and consider these activities, approved by their health care provider, in relation to rest time and academic work.

Types of formal support services

For most students, only short-term changes or support services are needed as they recover from a concussion. However, a variety of formal support services may be available to help students who are experiencing a longer or more difficult recovery. These support services may vary widely among states and school districts. The type of support will differ depending on the specific needs of each student. Support services may include:

- Response to Intervention Protocol (RTI)
- 504 Plan
- Individualized Education Plan (IEP)

Be sure to check to see what support services are available in your school or district.

You can't see a concussion and your students may look fine on the outside. However, the effects of a concussion can be serious. Helping your students slowly return to learning may lower their chances of experiencing worsening symptoms and a longer recovery.

For more detailed information on helping students return to school after a concussion, download "Returning to School After a Concussion: A Fact Sheet for School Professionals" at: www.cdc.gov/concussion/HeadsUp/schools.html

For more information, visit www.cdc.gov/Concussion.



Providing Education



A-Head Check
IMMEDIATE HEAD INJURY EVALUATION

BTF
BRAIN TRAUMA FOUNDATION

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Alert

Is the person alert? Question him/her:

- Can you open your eyes?
- Can you explain to me what happened?

If there is no response to either question immediately call 911 for medical assistance.

Ask

If the person is alert, ask him/her:

- Do you have a severe headache?
- Do you feel like you may vomit?
- Do you have difficulty staying awake?

If the answer is yes to any of these questions or if the person has any symptoms that concern you, seek medical assistance or call 911.

Aid

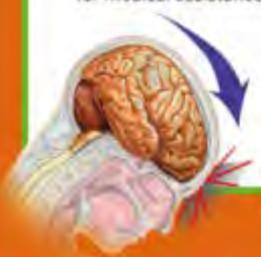
All head injuries should be evaluated by an appropriate healthcare professional. A hit on the head can cause a brain injury.

- Brain injuries can range from mild (mild concussion) to severe (coma).
- Symptoms may appear hours or days later.

After a brain injury, the person should rest and not engage in any activities requiring a lot of concentration or physical activity until symptom free.

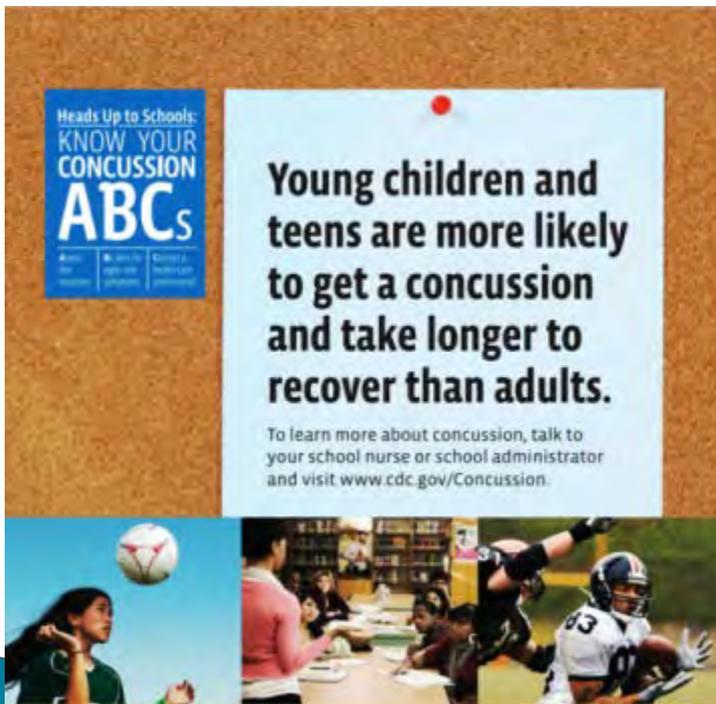
For more information, visit www.braintrauma.org or www.cdc.gov/Concussion.

© 2011 CDC's Health Let's Talk



Place head injury information posters in gym

Place “Concussion Posters” throughout the school



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess the situation | Be alert for signs and symptoms | Contact a health care professional

Signs and Symptoms of a Concussion

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Be alert for **any** of the following signs and symptoms.

SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

Thinking/Remembering	Physical	Emotional
<ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not "feel right" 	<ul style="list-style-type: none"> • Irritable • Sad • More emotional than usual • Nervous
		Sleep*
		<ul style="list-style-type: none"> • Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.

What can school professionals do?

Know your Concussion ABCs:

- A—Assess the situation
- B—Be alert for signs and symptoms
- C—Contact a health care professional

Study



Study Health Room Visits

- ▶ Track the number of students who come to the health room with complaints of head injury or concerns about concussion
 - Compare the data to previous months



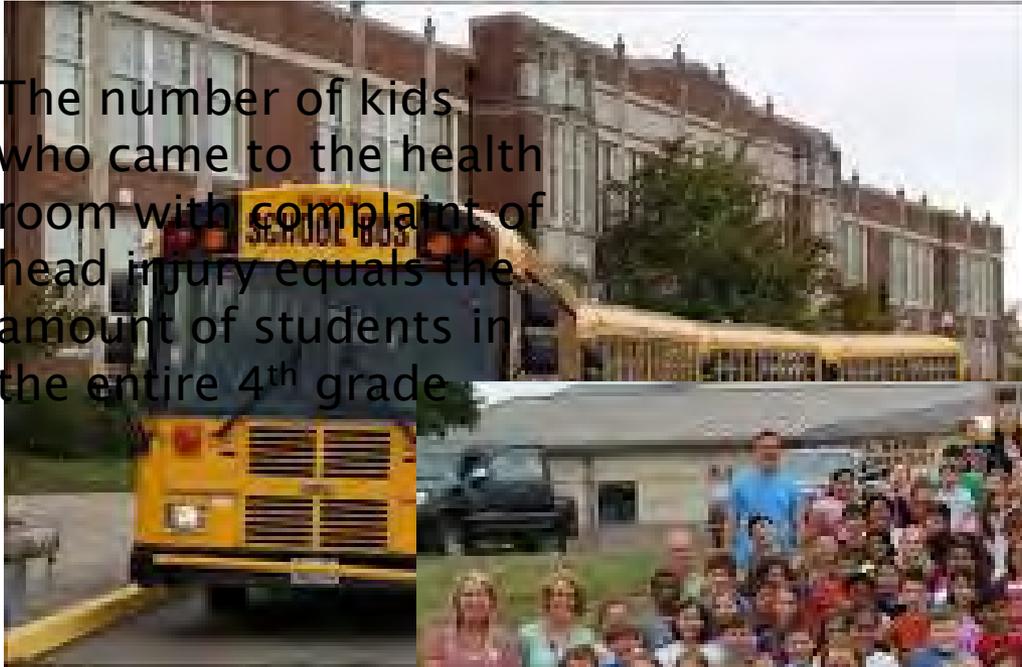
Act



Share Your Findings

- The number of kids who came to the health room with complaint of head injury equals the amount of students in the entire 4th grade

- The number of kids who came to the health room with complaint of head injury could fill 4



Continuous Quality Improvement

- ▶ Repeat the cycle



Quality Assurance vs. Quality Improvement

Quality Assurance

- ▶ Quality Assurance: Demonstrates that services meet a set of standards
 - WISHeS: School Health Services Quality Assessment Tool
- ▶ Quality assurance should inform your quality improvement work
 - (Tews, 2012)

QA vs. QI

Quality Assurance	Quality Improvement
Guarantees quality	Raises quality
Relies on inspection	Emphasizes prevention
Uses a reactive approach	Uses a proactive approach
Looks at compliance with standards	Improves the processes to meet standards
Requires a specific fix	Requires continuous efforts
Relies on individuals	Relies on teamwork
Examines criteria or requirements	Examines processes or outcomes
Asks, “Do we provide good services?”	Asks, “How can we provide better services?”

(Tews, 2012)

QUALITY IMPROVEMENT EXAMPLES



Medication Administration

Medication Errors–Plan

School Nurse Responsibilities

1. Upon notification of medication error, contact the parents of the student and health care provider, if warranted
2. Review Medication Administration Incident Report form immediately
3. Follow up with employee(s) who was involved in medication error
4. Provide additional education to employee(s) who was involved in medication error
5. Ensure competency of employee who was involved in medication error
6. If appropriate, identify someone else to assume responsibility of medication administration
7. In conjunction with school administration, review all the completed Medication Administration Incident Report forms at least quarterly to understand the factors that contribute to errors and identify if the errors are related to systems and/or process issues
8. Identify process changes that may need to occur to improve medication administration procedures
 - a. Reducing distractions when/where the medications are being given
 - b. Having photos of the student attached to the medication administration form to assist with proper identification
 - c. Providing more frequent medication administration education refreshers

Medication Errors–Plan

- ▶ Identify goals: Identification of medication errors
 - ▶ Measures of success:
 - Develop process for medication error identification and reporting
 - Develop tools to assist in medication error reporting and tracking
- 

Medication Errors–Plan

- ▶ Plan the improvement:
 - Create a form for medication administration errors
 - Educate the staff responsible for medication administration about medication errors and what qualifies as a medication error
 - Educate staff on process for medication error reporting and tracking

Department of School Health Services
Medication Error Report

Student Name: _____ Date of incident: _____
Teacher: _____ Parents notified? ___ Yes ___ No
Dt: _____ Physician notified? ___ Yes ___ No
Medication/Procedure: _____
Name of individual preparing report: _____

Medication/Procedure: Check line(s) that best describe the event:

___ allergic reaction	___ omitted
___ dispensing error	___ outdated
___ given without order	___ student refusal
___ improper order	___ repeat administration
___ mislabeled bottle	___ transcription error
___ wrong drug	___ wasted
___ wrong time	___ malfunction /defective equipment
___ not available	___ deviation from established procedure

If life-threatening medication, parent must be notified verbally. Otherwise, parent must be notified in writing.

COMMENTS: _____

Medication Errors–Do

- ▶ Require the form to be turned into the school nurse after each identified medication error
- ▶ School nurse reviews EACH medication error form within a timely manner
- ▶ School nurse follows up with staff involved with medication error



Medication Error–Study

- ▶ Review all the completed Medication Administration Incident Report forms at least quarterly to:
 - Understand the factors that contribute to errors
 - Identify if the errors are related to systems and/or process issues



Medication Error–Act

- ▶ Identify process changes that may need to occur to improve medication administration procedures



Medication Error-Act

MEDICATION COMPLIANCE AUDIT TOOL

SCHOOL _____ YEAR _____ MONTH/DAY _____

STUDENT INITIALS					
MEDICATION PERMISSION FORM					
<ul style="list-style-type: none"> Signed yearly by parent (faxed copied acceptable) Signed yearly by medical provider (faxed copy acceptable) Permission form for each medication 					
MEDICATION CONTAINER					
<ul style="list-style-type: none"> Properly marked container for each medication; Student name, dosage, time and current yearly date 					
SAFE, SECURE STORAGE CABINET/DRAWER					
<ul style="list-style-type: none"> Medication kept in a secure cabinet/drawer 					
DOCUMENTATION OF MEDICATION ADMINISTRATION					
<ul style="list-style-type: none"> Use appropriate tracking form Photo of student on tracking form Fill out top of each page completely Write out medication given, dosage and time Date and amount of medication brought to school Initial appropriate square to document medication was given Use designated codes Sign your name and initials on bottom of page 					
ASTHMA INHALER PERMISSION FORM SIGNED BY PARENT AND PHYSICIAN					
DATE AND INITIAL WHEN NON-COMPLIANT ITEMS RECTIFIED					

A copy of the audit will be given to:

NOTES	Date sent	
		School Staff
		School Principal
		School Director
		School Risk Manager
		School Superintendent
		Health Department Administration
		Medication Book

School Nurse Signature _____ Initials _____

Medication Error-Act

EXHIBIT 2

Critical-to-Quality Characteristic Tree

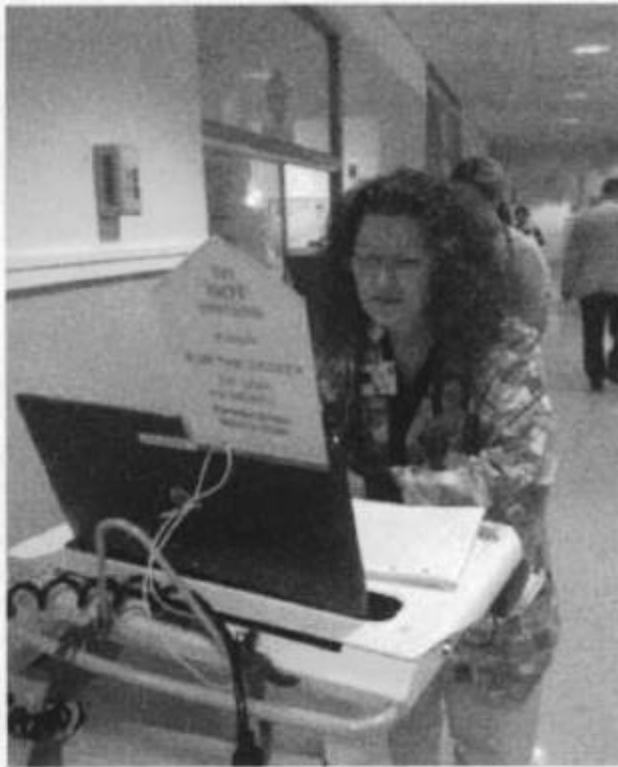
Need	Driver <i>How will you do it?</i>	Critical-to-Quality Characteristics <i>What does that mean?</i>
Prevent interruptions at peak med time	Establish time-out "rules" and support	No interruptions time: 8:30 a.m.–9:30 a.m. No interruptions unless emergency (phone calls, pages, patient inquiries, clinician inquiries) Define and assign specific roles: RN, CA, AA, and lead nurse
	Buy-in from clinical staff	Get them involved in process Display baseline interruption data Physician/interdepartmental education
	Education/training	Script for AAs and CAs Define the handoff to LCN (consider assignment issues) Patient and family brochure/posters Signage about process/explain time-out
	Create awareness during time-out	Signage explaining it is time-out A way to identify a nurse involved in med admin process

Capasso, V. & Johnson, M., 2012)

Do Not Disturb

EXHIBIT 4

Signage Developed as a Result of Process Improvement



School Based Health Program

School Based Health Program

Flawless implementation plan 2007-08 # 1

Action steps	Success measure	Accountable	When	Follow up
Identify students with life threatening illness (LTI) by reviewing <u>esis</u> report, emergency contact cards, and Aurora consent forms	List of students with LTI will be developed for each school	ASBHP team lead determines team member responsible	First week of school	
Teachers informed of students with life threatening illness (LTI)	Homeroom LTI report given to appropriate teachers	ASBHP team lead determines team member responsible	First week of school	
Develop plan of care for students with LTI	All emergency contact cards will be reviewed for chronic illnesses	ASBHP team lead determines team member responsible	First week of school	
Ensure that LTI conditions are entered into <u>esis</u>	All emergency contact cards will be reviewed for chronic illnesses	ASBHP team lead determines team member responsible	First week of school	

Anti-Idling Campaign



Anti-Idling



NEWS

MPS Anti-Idling Campaign

MPS Anti-Idling Campaign

By Jessica Weina

In April 2006, the United States Environmental Protection Agency released a compilation of national anti-idling regulations which lists state, county, and local laws regarding vehicle idling.

Of the states listed, Wisconsin was the only state not to impose anti-idling laws upon buses. All of this will change next year though.

That's because Milwaukee Public Schools receiving the CDC Asthma Management Grant began their anti-idling campaign Wednesday which, starting during the 2010-2011 school year, will require buses and other vehicles to turn off their engines while on MPS premises.

The initiative will require by contract all bus companies to install new filter systems that decrease particulate matter, or small particles, in the air.

Further, it will require buses to turn off their engines while waiting on school grounds.

Parents will also be asked not to idle during their time on school property.

"Milwaukee is consistently in the top ten for asthma capitals of the United States of America," Brett Fuller, curriculum specialist for MPS Wellness and Prevention said.

Asthma is currently a national epidemic in the U.S. and doesn't prove any different in the Milwaukee area.



(Weina, 2010)

Head Lice

HEAD LICE

How to avoid head lice:

- Do not share combs or brushes.
- Do not share hats.
- Be vigilant for head lice
 - especially after sleepovers.
- Remember, head lice do not jump or fly.

Project One: Set the Goal

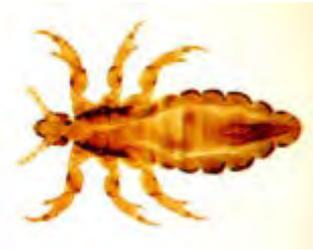
- ▶ **Primary goal:** Supporting students' success
- ▶ **How:** Initiated a program to decrease student absenteeism related to pediculosis infestations
 - Implemented focused clinical projects over several school years
- ▶ **Who:** Portland, Oregon, Department of School Health Services



Project Two: Collect the Data

December 1997–March 1998

- ▶ Determine the prevalence of pediculosis
- ▶ Frequency of exclusion
- ▶ Number of lost school days following exclusion



Project Three: Study the Data

April–May 1998

- ▶ Number of students who had lice or nits
 - Of those identified,
 - How many had previous
 - Repeated (three or more) infestations during the past year



Project Four: Intervention

1997–1998 School Year

- ▶ Consultation between a representative sample from the Department of School Health Services task force and a psychiatric nurse practitioner
 - Purpose was to identify effective interventions to address parental anger and hopelessness and students' negative self-esteem and ineffective socialization

Project Five: Intervention

October 1998–April 1999

- ▶ Nine nurses identified 12 students for special nursing intervention due to increased absenteeism related to head lice
 - Nursing interventions included:
 - Surveillance
 - Documentation
 - Health education
 - Provision of a lice comb for use at home or school
 - Building effective relationships with students and parents

Project Six: Targeted Intervention

School Year 1999–2000

- ▶ 100 Acumed Lice Combs
 - Combs were made available to all school nurses to assist students experiencing frequent infestations to use in daily combing



Project Seven: Analyze the Data

- ▶ Compared 12 lice and flea combs by a school nurse over 3 years
 - Due to many anecdotal reports from parents were received about ineffective results and discomfort related to lice comb



Continuous Quality Improvement and Chronic Disease Management

Model of Improvement

What are we trying to accomplish?

By the end of the school year there will be an increase in the number of IEPs that address healthcare transition planning for children with epilepsy



Transition Planning Resource



**Opening
Doors**
to Postsecondary Education and Training

**Planning for Life
After High School**
A Handbook for:

- ▶ Students
- ▶ School Counselors
- ▶ Teachers
- ▶ Parents

This publication is available from:
<http://dpi.wi.gov/sped.transition.html>

Wisconsin Department of Public Instruction
125 South Webster Street
Madison, WI 53707-7841
800-441-4563 (U.S. only)
608-267-9164
608-267-3746 Fax

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
EDUARDO BLUMENFELD, STATE SUPERINTENDENT

WAI/CESA 10 © 2006

Transition Skills Checklist

Managing Medical Care and Finding a Medical Home

- understand my medical condition
- have a primary health care provider who knows me well and helps me in many ways
- know how to take care of my medical condition by myself at home
- keep a list of my health care providers, their phone numbers and office hours and carry this list with me when I leave the house
- have a care plan and understand how to use it in an emergency
- can describe changes/symptoms caused by my medical condition
- can call my primary care provider when I am having problems or need to give a progress report
- know the difference between an emergency (go to hospital) or illness (call my doctor)
- can follow the plan of care recommended by my doctor
- know what nursing services I will need and how to get them
- know how to find out if I am eligible for personal care assistance
- know how to hire a personal care assistant or get other assistance that I need

Locating Adult Health Care Providers, Finding a Medical Home

- know the difference between primary care and specialists, and what each provides
- have talked with current pediatric provider(s) about potential adult provider(s)
- have considered living arrangements that are close to doctors and medical facilities
- have prepared questions for doctors, dentists, nurses and therapists
- have planned a meeting with new adult provider(s)
- have evaluated the accessibility of office and exam rooms
- have arranged for medical records to be sent to new provider(s)
- have a medical summary to give to the adult provider

Insurance and Care Coordination

- understand that insurance plans may have approved providers
- understand managed care versus fee-for-service insurance
- can identify what services are covered by insurance plans
- know my insurance company and how to contact them
- carry my insurance card when leaving home
- know how and when to get a referral
- know how and when to use insurance and when to pay expenses out of pocket
- understand who assists with coordination of services and how to contact them
- know how and when to ask for help from case managers or customer service
- understand that insurance companies may have requirements (such as being a full-time student) in order to remain on my parent's insurance plan
- understand that when I turn 18 I need to document my disability again and reapply for Medicaid and/or Medicare

Model of Improvement

How will we know if a change is an improvement?

School nurse will review all IEPs of students with epilepsy at the beginning of the school year to determine how many students have a healthcare transition plan initiated



INDIVIDUALIZED EDUCATION PROGRAM: TRANSITION SERVICES FORM 148 (Rev. 10/06)

Postsecondary goals and needed transition services must be developed annually for all students who are age 14 or will turn 14 during the timeframe of this IEP, or who are younger than age 14 and need transition services.

List the date and method of inviting the student to IEP team meeting *(if the student's name was not included on the invitation to the IEP meeting)*

Bailey was at the meeting.

List the steps that were taken to ensure that the student's preferences and interests are considered *(if the student is not at the IEP team meeting)*

Bailey was at the meeting to discuss his preferences and interests.

State measurable postsecondary goal(s) based upon age appropriate transition assessments related to education, training, employment and, where appropriate, independent living skills.

(Note: for each measurable postsecondary goal(s) there must be at least one measurable annual goal included in the IEP that will help the student make progress towards meeting the stated postsecondary goal(s)).

Education, Training, and Employment:

After graduating, Bailey will attend the ITT Technical Institute of Technology to become an engineer. Bailey is currently leaning towards a software engineering program.

Where appropriate, Independent Living Skills:

Bailey will live at home while attending ITT Tech.

Moving From Pediatric Care to Adult Care

(To Be Completed By Youth)

(If Youth Unable To Fill: Check here if parent is filling for patient:)

Health & Wellness 101 The Basics Transition - Moving from Pediatric Care to Adult Care	Yes I do this	Parent assists with this	N/A
1. I understand my medical condition, health care needs, and can explain my needs to the doctor.			
2. I can explain to others how my cultural and/or religious beliefs might affect health care decisions and medical treatments.			
3. I know my health and wellness baseline (for example: diet, exercise, sleep needed).			
4. I can track my own appointments and prescription refills.			
5. I can call for my own doctor appointments.			
6. Before a doctor's appointment, I can prepare questions to ask.			
7. I can call the pharmacy for my own prescriptions.			
8. I carry my important health information with me everyday (i.e.: care plan, seizure action plan, medical diagnosis, list of medications, allergy information, doctor's numbers, drug store number, etc.).			
9. I can use transportation by myself (train, bus, car or other).			
10. I can manage to pay any fees required for my medical visits.			
11. I co-sign the "permission for medical treatment" form (with or without signature stamp, or can direct others to do so).			
12. I know my symptoms that need immediate medical attention.			
13. I know where to seek urgent medical care.			
14. I can monitor my medical equipment so it's in good working condition (daily and routine maintenance).			
15. I have discussed with my parents what my healthcare insurance coverage will be after I turn 18 years old.			
16. I understand what immunization or medical tests I may need.			
17. I know my medication name, purpose, side effects, restrictions, and how to get the medications.			

II. Related Services needed to benefit from special education including frequency, location, and duration (*if different from IEP beginning and end dates*). None needed to benefit from special education

<u>Service</u>	<u>Frequency & Amount</u>	<u>Location</u>	<u>Duration</u>
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> Audiology			
<input type="checkbox"/> Counseling			
<input type="checkbox"/> Educational Interpreting			
<input type="checkbox"/> Medical Services for Diagnosis and Evaluation			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Orientation & Mobility (VI only)			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Psychological Services			
<input type="checkbox"/> Recreation			



<input type="checkbox"/> Rehabilitation Counseling Services			
<input type="checkbox"/> School Health Services			
<input checked="" type="checkbox"/> School Nurse Services	10 Minutes each semester	Nurse office	Same as IEP Dates



Model of Improvement

What changes can we make that will result in improvement?

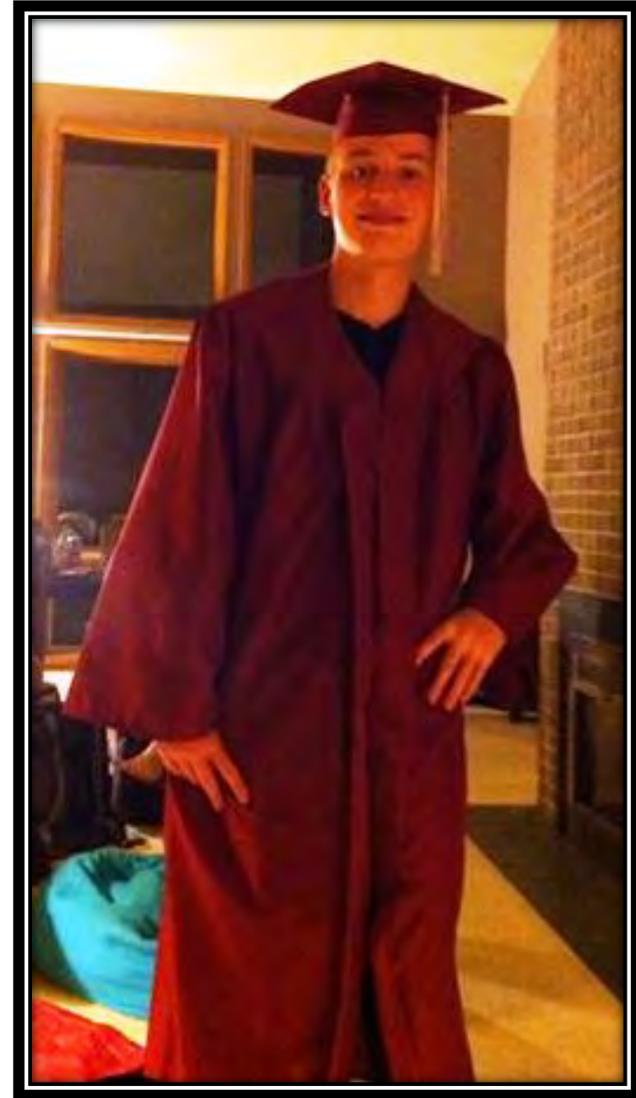
School nurse will review all IEPs of students with epilepsy at the end of the year to determine how many students have a healthcare transition plan initiated



CONTINUOUS Quality Improvement

Next Steps:

Increase the number of students with epilepsy who have a healthcare transition plan



Summary

- ▶ We all do quality improvement
 - It may just not be formal
 - Creating a more formal process can lead to improved outcomes and continued improvements
 - ▶ Start small
 - Start with something you have influence over
 - ▶ Find your allies
 - It may not always be administration
 - Understand what is a priority for school district administration
 - ▶ Use a quality improvement tool to guide you
 - ▶ Collect data
 - ▶ Share your results
 - ▶ Keep on working on quality improvement
- 

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Resources

- ▶ http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/Epilepsy/NY_CareBk_EnglishSpanish_LOGO.pdf